

Influenza Testing

All fields MUST be completed. Ship sample with an ice pack in a rigid shipping container.

For Lab Use Only	Patient Information	Submitter Information
<p>MS Public Health Laboratories Main Lab- 570 East Woodrow Wilson Jackson, Mississippi 39216 Phone - 601-576-7582</p> <p>Lawson Street Lab - 3152 Lawson Street Jackson, Mississippi 39213 Phone - 601-981-6158</p>	<p>Name _____</p> <p>Date of Birth _____ SSN _____</p> <p>Race ____ Sex ____ Med Record No. _____</p> <p>Address _____</p> <p>City _____ State _____ Zip Code _____</p> <p>County _____</p> <p>Patient History Is Required</p> <p>Date of Onset _____</p> <p>Cough <input type="checkbox"/> Fever \geq 100 F <input type="checkbox"/> Sore Throat <input type="checkbox"/> Other _____</p> <p>Pregnant Yes ____ No ____ Hospitalized Yes ____ No ____</p> <p>Flu Vaccination Status: Received: Yes ____ No ____</p> <p>If yes, Date received _____</p> <p>Rapid Kit Test Pos ____ Neg ____ Date _____</p> <p>Travel History: _____</p>	<p>Physician _____</p> <p>Institution _____</p> <p>Address _____</p> <p>_____</p> <p>Contact Name _____</p> <p>Daytime Phone # _____</p> <p>After Hours Phone # _____</p> <p>Sample Type (check one)</p> <p>Throat <input type="checkbox"/> Nasopharyngeal <input type="checkbox"/></p> <p>Other _____</p> <p>Date of Collection: _____</p> <p>Program: Epidemiology</p> <div style="border: 1px solid black; height: 80px; margin-top: 20px; text-align: center; vertical-align: middle;"> <p>Place Barcode Label Here.</p> </div>
<p>Mississippi State Department of Health FORM 930, revised August 2009</p>		